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(Pa	questor's Name)	
(RE	equestors Name)	
(Ad	dress)	
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(Cir	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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K. SALY SEP 25 2017

COVER LETTER

Div	ision of Corp	orations		•
SUBJECT:	Real Estate 1	00, LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		dence concerning this matter	-	
		Chad Brinks		
			Name of Person	**************************************
		N/A		
			Firm/Company	
		2032 Sunset Meadow Dr		
		.	Address	 _
		Clearwater, FL 33763		
			City/State and Zip Code	
		cbrinks@gmail.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Chad Brinks			727 460-0848 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2017 SEP 22 PM 2: 08

Real Estate 100, LLC			CRETARY -
(Name of the Limit	ted Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)	CRETARY OF STATE AHASSEE, FLORIDA
The Articles of Organization for this Limited L	iability Compan		and assigned
Florida document number L10000117474	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
TOR Real Estate, LLC			
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o			nter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	J. 10 11 11 11 11 11 11 11 11 11 11 11 11	Enter Florida street address	
		, Florid	
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2017 SEP 22 PM 2: 08 Type of Action **Title** Name **Address** SECRETARY OF STATE TALLAHASSEE, FLORIDA N/A □ Add ☐ Remove _□ Change □ Add □ Remove _□ Change □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

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	2017 SEP 22 PM 2: 08
	SECRETARY OF STATE TALLAHASSEE, FLORIDE
	MLCAHASSEE, FLORIDE
an effective date is listed, the date must be specific and car lote: If the date inserted in this block does not meet	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be listed as
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Filing Fee: \$25.00